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20 Rural ageing and equality

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Introduction

This chapter examines ageing and inequality in rural areas of the United Kingdom. Existing research evidence is organised under four themes: rurality, resources, recognition and representation. While each topic is of interest in gerontology, the body of rural research is relatively under-developed (Burholt and Dobbs, 2012) and the intersectionality between these themes has been overlooked. An intersectional approach that simultaneously takes into account two or more dimension of oppression and/or privilege can provide a better understanding of the experience of ageing in rural areas. We draw on data from the ESRC funded research programme *Grey and Pleasant Land? An Interdisciplinary Exploration of the Connectivity of Older People in Rural Civic Society (GaPL)* to investigate the intersectionality of these themes within the rural context.

The GaPL study was concerned with later life experiences across diverse rural locations and the data lend themselves to analysis of ageing and inequality in rural areas. This is important because rural populations in many European countries are ageing (Burholt and Dobbs, 2012). Declining fertility and mortality rates have influenced the population age structure, which has become increasingly weighted towards the older age groups. Simultaneously, population mobility and urbanisation has resulted in an overall decline in the number of people living in rural areas: in Europe the rural population is expected to decline from 100 million in 2000 to around 75 million in 2030. Despite the decline in overall numbers of people living in rural areas, it is anticipated that there will be a greater proportion of older people in rural areas compared to urban areas due to the out-migration of younger people and the in-migration of retirees. This trend is reflected in the UK, where the proportion of population of older people in rural areas of England, Wales, Scotland and NI is greater than in urban areas (Stockdale, 2011).

In this chapter we examine diversity, demonstrating that older people living in rural areas are not a homogenous group. We start by describing the ways in which rural areas may be differentiated and why we may expect to find inequalities between rural communities. Next, we discuss the current knowledge concerning the distribution of individual economic resources, recognition (social status

and social participation), and representation (civic participation, trust and local concerns) of older people living in the countryside. We set out to describe how existing research identifies how each is influenced by geographic location, gender/gender identity, class, sexuality/sexual identity, disability/health and ethnicity. As not all dimensions are covered in the existing literature, we conclude the introductory section by summarising the gaps in knowledge about ageing and equality in rural areas. Furthermore, we pose some key research questions on intersectionality that are addressed through analysis of GaPL data.

Rural differentiation and inequality: community resources

There is no universally accepted definition of rurality. Within the UK there are approximately 30 definitions used in different institutions. There has been a long sociological tradition of linking the size and density of a population to the type and depth of social interaction. For example, Tönnies (1957) suggested that rural communities were typified by close relationships and strong kinship bond (*gemeinschaft*). Similarly, Frankenberg described a morphological continuum of communities from rural to urban (Frankenberg, 1966). Communities at the more 'rural' end of the continuum were assumed to have more social solidarity than those at the 'urban' end. This is supported to a certain extent by studies which have shown that rural communities are supportive, neighbourly and friendly, and that older rural people are strongly embedded in social-support networks (Burholt and Dobbs, 2012).

Post-modern scholars suggest that in the face of population change and the restructuring of rural areas the rural idyll (depicting rural areas as homogenous and more supportive than urban areas) bears little resemblance to the plurality of experiences and meanings of rural inhabitants (Bell, 2006). There is evidence of unequal access to social relationships for older people living in the countryside often related to population change (i.e. inward and outward migration) (Burholt and Sardani, 2017) and a number of rural areas are substantially materially or economically deprived in comparison to the rest of the country.

Rural areas have been differentiated in terms of material inequalities but *clusters* of variables have also been used to distinguish between locations. These clusters of associated problems such as unemployment, ill health and social disadvantage in rural areas can be exacerbated by a lack of access to services, and a poor quality of service provision. The economies of rural resource communities (e.g. mining communities) have been subject to the vagaries of political and private commercial decisions concerning profitability; disinvestment has been accompanied by economic decline and resulted in 'resource poor' communities (Skinner et al., 2014). Aspects of village life such as local shops, post offices and doctors have often either closed or moved into larger towns, rendering rural dwellers increasingly dependent on public or private transport. However, in some rural areas gentrification has had the opposite effect, boosting local economies and tailoring services and amenities to the lifestyle choices of affluent

incomers (Wood, 2016). Both processes represent an intersection of location, wealth and power.

Individual economic resources in rural areas

Research on ageing and inequalities has tended to focus on urban deprived areas (Hennessy, Means and Burholt, 2014) and exclusion, but deprivation and inequalities in distribution (or maldistribution (Fraser, 2007)) of resources among older people living in rural areas have been under-explored. While rural communities can be categorised in terms of the access to resources (levels of deprivation) the distribution of resources within communities are subject to individual differences.

Exclusion from material resources occurs where an individual lacks sufficient income to maintain an acceptable standard of living and is unable to fully participate in society. Poverty in small towns and rural areas is often overlooked or denied. Moreover, rural poverty has been contrasted with rural affluence and older people living in the countryside have been depicted as one of the most affluent groups in society. However, the 'affluence' of older people in rural areas should be treated with caution: poverty continues to be a significant problem for older people with one study reporting that over one-fifth of rural respondents were reliant on the state pension as the sole source of income (Doheny and Milbourne, 2014). While an extensive body of research has demonstrated that material inequalities in later life are related to age, gender, marital status, living arrangements, ethnicity, transitions in work status and rurality (Burholt, 2010), there is very little evidence on the intersectionality of these risks.

Recognition: social status through social roles and social participation

Social exclusion provides a useful framework to examine the recognition of older people living in rural areas. Social exclusion is the dynamic processes of being excluded from key systems and institutions that can shape the economic and social integration of people within society. If the status of older people in rural society constitutes them as less than full partners in social relations and social participation (based on geographical location, age *and* gender, disability, race and sexuality), it institutionalises 'mis-recognition' (Fraser, 2000).

There is good reason to believe that rural ageing is overlooked and older people mis-recognised. For example, older people are often portrayed as welfare recipients and their contributions to rural communities are overlooked (Walsh et al., 2014). While relationships with family and friends may provide a source of personal care, transport or financial assistance for older people living in rural areas and are instrumental in ensuring a good quality of life, older people are also providers of support. Globally, research has indicated that the informal practices of older people can improve inclusivity in rural settlements and help

address inequalities in access to formal services in some rural locations (Walsh et al., 2014).

One way of examining the recognition of older people in rural areas would be to explicitly look at discrimination. Some research in rural areas has attempted to do this and has focused on specific communities of interest (e.g. gypsies and travellers (Hennessy et al., 2014)); lesbian, gay, trans people (Rowan et al., 2013; Fenge and Jones, 2012) and older people from Black and minority ethnic groups (Manthorpe et al., 2012), but this is not prolific. Alternatively, recognition could be examined implicitly by examining the ways in which normative expectations about rural living are, or are not achieved by subgroups with different modes of power relating to age, gender, disability and class and in diverse rural settlement types.

Representation: civic participation, trust and local concerns

There is a paucity of studies exploring the civic contributions that older people make to rural community and citizenship (Burholt and Dobbs, 2012). GaPL defined civic engagement as ‘individual and collective actions wherein older adults participate in activities of personal and public concern that are both individually life enriching and socially beneficial to the community’ (Hennessy, Means and Burholt, 2014, 4). Reciprocity and trust are generated in rural areas through older people’s engagement in local activities and local groups. In this chapter we used the term ‘representation’ to refer to civic participation of older people, but also the ways in which civic society, politics and policies reflect the desires and needs of older people living in rural areas in terms of addressing local concerns or generating trust in local public services.

Diversity in rural research

While gender and disability (usually operationalised as self-assessed health or functional ability) are sometimes included as dimensions of inequality in rural ageing studies, there are deficiencies in the extent to which socio-economic class, ethnicity and sexuality/sexual identity are addressed. Some rural populations are under-researched and described as ‘difficult to reach’ because absolute numbers are small and/or dispersed across a large geographic area. Research on ethnicity and sexuality has, on the whole, been conducted in urban areas. However, the experiences of elders living in rural areas are likely to be very different from those living in urban areas.

This chapter explores issues of equality for older people living in rural areas of England and Wales. Drawing on data from the ESRC funded *Grey and Pleasant Land* study it explores the intersectionality of rural area with age, gender, marital status, health, and socio-economic status in relation to distribution of resources, recognition and representation of rural older people. Rural areas are described in terms of their population density and nearness

to urban locations; level of deprivation; resource dependency; and population turnover/stability. The roles of rural areas (classified using these dimensions) are explored in relation to the distribution of material resources of older people. With regard to recognition, a rural ageing identity is observable in institutionalised pattern of cultural values (the rural idyll) which emphasises the bucolic and virtuous nature of community life and the extent to which sub-groups achieve this idyll. Recognition through social status may be captured by the extent one can meet certain lifestyle expectations, thus we examine the relationship between rural area, and participation in the social life of communities. Representation flows from civic engagement in the community, but also the degree to which elected officials represent the voices of rural elders and is examined through trust in local officials and the strength of local concerns.

Methods

GaPL research was carried out across six different rural regions in the South West region of England and Wales. Three rural community types were classified based on social, economic, cultural and political differences. The study selected one type of rural area from each of South West England and Wales. For a complete description of the study protocol, see Hennessy, Means and Burholt (2014). A brief description of the three types of rural areas follows (see also Figure 20.1).

- Area A (North Cornwall and Ceredigion) – *remote and deprived*. This area has an ‘indigenous’ population with low income, some tourism and with marginal agriculture, and contains small dispersed settlements with poor road networks.
- Area B (North Dorset and Powys) – *less remote and less deprived* but still a rural area. This area is middle income, and has a more diverse economy than Area A. Settlements are not as sparse and are closer to major road networks and larger cities.
- Area C (Stroud and Monmouthshire) – *affluent and accessible*. It is considerably less rural than Areas A and B, being close to major cities and frequently individuals living in these areas commute for work.

A quantitative survey was conducted with 920 participants living in the six rural areas. Face-to-face interviews were conducted in older people’s homes in the language of choice (English or Welsh). This chapter is based on the responses of 719 (78% of the total sample) participants with no missing data for any of the variables used in the analysis.

The mean age of participants in this sample was 71.47 years (SD 8.22). A majority were female (58.4%), with fewer male participants (41.6%). Most were married (72%), and just under one-fifth were widowed (18.2%). Only 3.9% of participants had never married and 5.8% were divorced or separated.

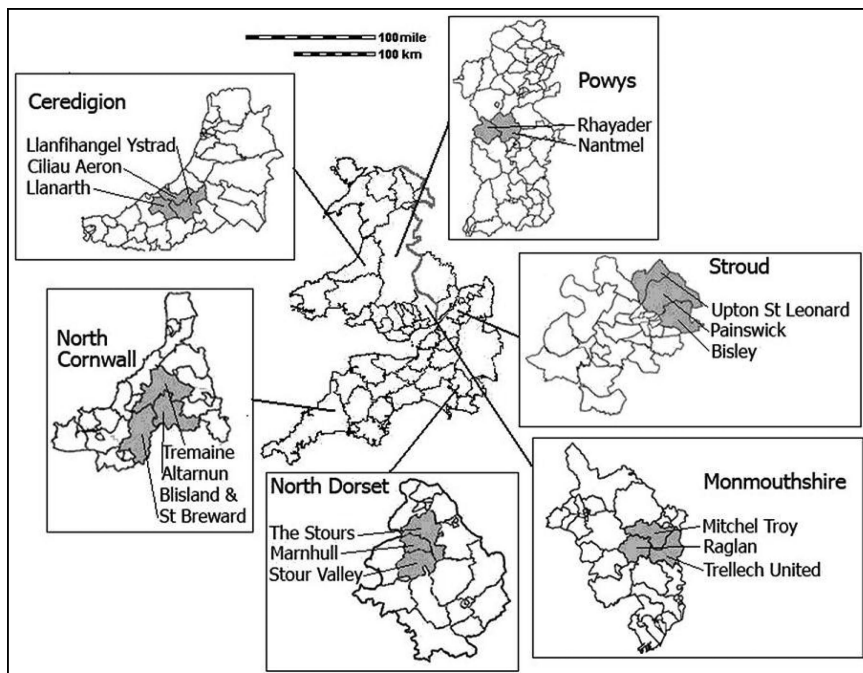


Figure 20.1 Districts and local authorities in Wales and South West England showing the location of the study sites

Source: Hennessy, Means and Burholt (2014)

The majority of participants or their spouses had a skilled occupation (93%) compared to a semi-skilled/unskilled occupation (7%).

Measures

Demographic

Self-Reported health was measured using a single item. Participants rated their health over the past four weeks, on scale from very good (1) to very poor (5). Lower scores indicated better self-reported health ($M = 2.08$, $SD = 0.97$).

Socio-economic status was assessed using a reduced version of the Standard Occupational Classification 2000 (Elias et al., 2000). Participants were asked about their and their spouse's current or previous main occupation. Occupations were coded into nine major categories: (1) managers and senior officials, (2) professional, (3) associate professional and technical, (4) administrative and secretarial, (5) skilled trades, (6) personal service, (7) sales and customer service, (8) process, plant and machine operative, and (9) elementary. These were collapsed into two categories: skilled (major categories 1–7) or semi-skilled/unskilled (major categories 8 and 9).

Access to resources

Material resources were assessed using a series of questions which captured different forms of income and resources (Burholt and Windle, 2006). Scores ranged from 0 to 5, with higher scores indicating more material resources ($M = 2.48$, $SD = 1.19$).

Poverty was assessed by asking participants if they had access to the 'necessities of daily living'. Items were: whether individuals were able to afford to make regular savings, keep the home in a decent state of decoration, replace worn out furniture and electrical goods, have a small amount of money to spend on themselves each week, and have a holiday away from home once a year. Scores ranged from 0 to 6 with lower scores indicating greater levels of poverty ($M = 5.07$, $SD = 1.39$).

Recognition

Social participation was measured through a count of the number of activities (from a list of 22) that individuals performed with others. Scores ranged from 0 to 14 with higher scores indicating that participants took part in more activities ($M = 2.85$, $SD = 2.42$).

Access to *social resources* was assessed using a modified version of the Lubben Social Network Scale (LSNS-6) (Lubben et al., 2006). Scores ranged from 0 to 36 with higher scores indicating a greater number of social resources ($M = 22.26$, $SD = 9.02$).

Representation

Civic participation was measured using a count of the number of activities (from a list of 11) individuals participated in that were organised by civic and local organisations. Scores ranged from 0 to 11 with higher scores indicating that individuals participated in more civic activities ($M = 1.5$, $SD = 1.67$).

A mean score for *local concerns* was constructed from participants' rating of how concerned they were regarding 16 issues or developments in their local community. Individuals indicated their level of concern using a scale from not concerned (1) to very concerned (3). Scores ranged from 1 to 3 with higher scores indicating a greater level of concern ($M = 1.45$, $SD = 0.32$).

Participants were asked to rate their *trust in local officials* from a list of nine roles (e.g. local government officials and police). This was measured using a 5-point scale, from very dishonest to very honest. Scores ranged from -2 to 2 with more positive scores indicating greater trust ($M = 0.8$, $SD = 0.45$).

Analysis

To explore the extent to which the independent variables influenced access to resources, recognition, and representation, seven different models were developed, with demographic variables (age, gender, health, marital status, and socio-economic status) and area type predicting each of the dependent

variables (resources: material resources, poverty; recognition: social resources, social participation; representation: civic participation, trust in local officials, and local concerns). Each model was tested using a three step hierarchical multiple regression. Demographic variables (age, marital status, health, and socio-economic status) were entered in step 1, area type was entered in step 2, and interaction variables (gender x age, marital status, health and socio-economic status) were entered in step 3. The inclusion of the interaction terms did not increase the explained variance. Therefore the models were restricted to the two-step hierarchical multiple regression.

Results

Bivariate analysis indicated that there were several differences between area types (Table 20.1). There were no differences in age, marital status, gender, or socio-economic status between the three different rural types. Overall, participants in Area A had worse self-reported health, fewer resources, lower representation and recognition. On the other hand, participants in Area C had better self-reported health, greater resources, representation and recognition.

Regression analysis

Adjusted R² values for all regression models were small, indicating that the models only explained a small amount of variance. However, each model had a significantly better fit to the data than the intercept only model and contained

Table 20.1 Means and standard deviations for key study variables by area type

	Area A		Area B		Area C		Total	
	N = 215		N = 246		N = 258		N = 719	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Age	70.38	7.61	71.14	8.21	71.96	8.66	71.21	8.21
Health	<i>2.20</i>	1.05	<u>2.09</u>	0.99	<u>1.97</u>	0.87	2.08	0.97
Civic participation	<u>1.15</u>	1.47	<i>1.70</i>	1.69	<i>1.60</i>	1.76	1.50	1.66
Social resources	<u>21.37</u>	8.92	<u>21.58</u>	9.22	<i>23.65</i>	8.78	22.26	9.02
Material resources	<u>2.28</u>	1.20	<i>2.54</i>	1.19	<i>2.56</i>	1.16	2.47	1.19
Poverty	<u>4.87</u>	1.47	<i>4.94</i>	1.53	<i>5.37</i>	1.08	5.07	1.39
Social participation	<u>2.81</u>	2.14	<i>2.45</i>	2.58	<i>3.27</i>	2.40	2.85	2.42
Local concerns	<u>1.52</u>	0.33	<i>1.47</i>	0.30	<i>1.39</i>	0.31	1.45	0.32
Trust in local officials	<u>0.74</u>	0.47	<u>0.83</u>	0.40	<i>0.84</i>	0.46	0.80	0.47

Analysis of variance demonstrated significant differences between rural area type and health $F(2, 716) = 3.35, p \leq .05$; civic participation $F(2, 716) = 18.75, p \leq .001$; social resources $F(2, 716) = 4.85, p \leq .01$; material resources $F(2, 716) = 5.43, p \leq .05$; poverty $F(2, 716) = 9.65, p \leq .001$; social participation $F(2, 716) = 7.50, p \leq .001$; local concerns $F(2, 716) = 11.03, p \leq .001$; trust in local officials $F(2, 716) = 3.23, p \leq .05$. Post hoc group comparisons – Tukey B test: numbers that appear in italics (e.g. 4.81) constitute subsets with the highest values; numbers that appear underlined (e.g. 4.31) constitute subsets with the lowest values.

statistically significant predictors from which we draw important conclusion about how changes in the predictor values were associated with resources, representation and recognition.

Resources

Demographic variables and area type explained 18.4% of the variance in access to material resources $F(9, 709) = 19.00, p < .001$ (Table 20.2). Being younger, having better self-reported health, being never married compared to being married, being male, having a skilled occupation, and living in Area C compared to Area A predicted greater levels of material resources.

Demographic variables and area type explained a significant 11.3% of the variance in levels of poverty $F(9, 709) = 11.16, p < .001$ (Table 20.2). Better self-reported health, being married compared to being widowed or divorced, and living in Area C (affluent and accessible) compared to living in Area A or B (more remote and deprived), all predicted lower levels of poverty.

Recognition

Demographic variables and area type explained a significant 4.3% of the variance in social resources $F(9, 709) = 4.57, p < .001$ (Table 20.3). Never being married or being divorced compared to being married, and living in more remote and deprived areas (Areas A or B) compared to Area C was related to fewer social resources.

Demographic variables and Area type explained a significant 12.7% of the variance in social participation $F(9, 709) = 12.6, p < .001$ (Table 20.3). Individuals reporting better health, younger individuals, those who were married, and those living in Area C (least remote and deprived) compared to those living in Area A and B reported taking part in a greater number of activities with others.

Table 20.2 Hierarchical linear regression adjusted Beta values for individual economic resources: material resources and poverty

	Material resources	Poverty
	β	β
Age	-0.26***	0.01
Gender	0.17***	0.04
Never married	0.07*	0.02
Widowed	0.01	-0.12**
Divorced	-0.04	-0.15***
Socio-economic status	-0.16***	-0.01
Health	-0.17***	0.01***
Area A	-0.11**	-0.14***
Area B	-0.03	-0.14***
Adjusted R^2	0.18	0.11

Note: * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$

Table 20.3 Hierarchical linear regression adjusted beta values for recognition: social participation and social resources

	<i>Social participation</i>	<i>Social resources</i>
	β	β
Age	-0.14***	-0.07
Gender	-0.06	-0.06
Never married	-0.10**	-0.15***
Widowed	-0.20***	-0.02
Divorced	-0.15***	-0.10**
Socio-economic status	-0.00	0.02
Health	-0.10**	-0.05
Area A	-0.09*	-0.12**
Area B	-0.17***	-0.11**
Adjusted R^2	0.13	0.04

Note: * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$

Representation

Demographic variables, and area type explained a significant 3.3% of the variance in civic participation, $F(9, 709) = 3.72, p < .001$ (Table 20.4). Having a semi-skilled/unskilled occupation and living in Area A (remote and deprived) was related to lower levels of civic participation.

Demographic variables and area type explained a significant 7.8% of the variance in the average number of local concerns residents expressed $F(9, 709) = 7.74, p < .001$ (Table 20.4). Healthier and older individuals had on average fewer local concerns compared to less healthy and younger individuals. Those living in Area A and B had on average more local concerns compared to those living in Area C (affluent and accessible).

Demographic variables and area type explained significant 1.6% of the variance in the average amount of trust individuals had in local officials $F(9, 709) = 2.28, p < .05$ (Table 20.4). Healthier individuals and those living in Area C (affluent and accessible) had on average greater trust in local officials compared to less healthy individuals and those living in Area A (remote and deprived).

Discussion

This discussion focuses on intersectionality characterised as the cumulative effect of factors that contributed to inequalities for older people in rural areas (age, gender, marital status, health and socio-economic status) in relation to the distribution of resources, recognition and representation. The analysis did not find any evidence of amplification of inequalities by gender for different subgroups of older people in rural areas, that is, no interaction effects were observed.

Table 20.4 Hierarchical linear regression adjusted beta values for representation: civic participation, local concerns and trust in local officials

	<i>Civic participation</i>	<i>Local concerns</i>	<i>Trust in local officials</i>
	β	β	β
Age	-0.04	-0.23***	-0.07
Gender	-0.07	0.06	0.04
Never married	0.00	-0.00	0.01
Widowed	-0.08	0.04	0.02
Divorced	-0.07	0.02	-0.04
Socio-economic status	-0.08*	-0.07	-0.02
Health	-0.02	0.12**	-0.09*
Area A	-0.12**	0.16***	-0.10*
Area B	0.03	0.11**	-0.01
Adjusted R^2	0.03	0.08	0.02

Note: * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$

Greater age negatively influenced resources (fewer material resources), recognition (lower social participation) and positively influenced representation (fewer local concerns). Elsewhere, we found that threats to the environment (reflected in the number of local concerns) mediated the relationship between the community type and aesthetic place attachment, whereby those that showed greater concern for the environment demonstrated higher levels of aesthetic attachment. Fewer local concerns at older ages may reflect a different type of attachment to the area. For example, at greater ages the socio-biographic connection to place may be more important than aesthetics, and issues such as new wind farms or other developments may be of less consequence than social relationships.

Compared to some of the other demographic factors, gender had a relatively narrow influence on inequalities effecting only resources but not recognition or representation: women had access to fewer resources (material resources) than men. On the other hand, marital status had a broader influence, effecting resources and recognition (but not representation).

Participants who had never married had greater levels of material resources than those that had married. This could reflect the greater likelihood of unbroken periods of employment and continued payment into occupational pensions or national insurance (for women) and fewer demands on lifetime earnings for men and women without family commitments. Participants that were divorced or widowed were more likely to experience poverty (but not fewer material resources) than those who were married. Thus, work and family histories intersect to impact on the risk of poverty in later life. Widows often 'inherit' pensions, and before April 2016, female divorcees could also claim a state pension using the National Insurance contribution that had been made by their husbands during the period that they were married. However, in both cases, widows and divorcees are more likely to live alone and housing

costs incurred by single person households are disproportionate. Consequently, while individual material resources may be similar, older divorcees and widows may experience poverty, unable to afford as many essential items as older people living as a couple.

In addition to the impact on resources, marital status also influenced recognition. Married participants had greater levels of social participation than participants with other types of marital status. Moreover, those that were never married or divorced had fewer social resources than those who were married. These results suggest that marrying entails gaining social resources, for example, combining the social support networks of both partners plus offspring. While these additional social resources are not accrued by those that never marry, or decline on divorce when amalgamated networks may be abrogated, they do not appear to be unduly influenced by widowhood. For widows, existing social relations with kin and non-kin endure beyond the death of a spouse. As new cohorts age other forms of long-term partnerships (e.g. civil partnerships or cohabiting couples) are likely to be more frequent and research will be required to explore the influence of these types of relationships on recognition in later life.

Socio-economic status (previous employment) influences resources and representation, but not recognition. While social participation and social resources do not differ by skilled/unskilled occupational status, the enduring nature of lower lifetime income from unskilled work results in fewer material resources in later life. Furthermore, participants in previous unskilled roles had lower levels of civic participation in later life. While an individual can 'choose' not to engage in civic activities, the interplay between choice and exclusion from representation is complex and requires more research to explore why people make such choices and what processes, structures or circumstances enable or prevent them participating.

In a qualitative study in rural areas of Wales older people said that low levels of civic participation were based on an active choice. In this case, the influence of socio-economic status on civic participation may have been a reflection of area-based disadvantage: some older people noted that they had chosen to withdraw from civic participation because of the increased workload and expectations being put upon volunteers in the face of austerity measures and local service cutbacks (Winter, 2017). In this instance exclusion from civic participation may jointly represent a failure in public services alongside a political failure to involve older people in the decision-making process (recognition) which assumes local voluntary resources will be made available to fill service gaps. Furthermore, where older people did participate in rural areas of Wales, civic action was focused on key issues, notably regeneration activities and environmental campaigns (Winter, 2017). Older people's involvement in such initiatives could be attributed to period and/or place effects and may be the product of agency to effect change in local communities (Walsh, O'Shea and Scharf, 2012). Consequently, the different forms and levels of older people's civic participation is likely to be variable across rural areas, and the influence of drivers,

such as socio-economic status, deserve further research investigation (Hennessy, Means and Burholt, 2014).

Arguably, one of the strongest influences on inequality in resources, recognition and representation is disability or health. Poor health (a result of functional or cognitive impairment) was associated with fewer material resources, lower social participation, more local concerns, and lower levels of trust in local officials. This is particularly pertinent as between one third and one-half of older adults experience some form of mobility impairment or limitation (Webber, Porter and Menec, 2010) with prevalence greater for women than men (Gale et al., 2017). Furthermore, cognitive impairment and the risk of dementia increase with age. The prevalence of dementia in the English population aged 65 years or more, is estimated to be around 6.5% (670,000 people) (Matthews et al., 2013). While the incidence rate of dementia is the same for women and men (Matthews et al., 2016), the greater life expectancy of older women brings about a greater number living with dementia at any one time. The age friendly movement has sought to make communities more physically accommodating in order to maintain 'spatial independence' (the freedom and choice to access public physical space). However, the lack of representation (greater local concerns, lower trust in local officials) may suggest that older people in poor health are marginalised in rural areas which, in turn, may have implications for access to services.

Access to services in rural areas has declined in recent years (Moles and Radcliffe, 2011). Although several epidemiological studies have found poorer health and a greater prevalence of disease in rural areas than in urban areas, the influence of environmental factors, such as access to health care (e.g. GPs, hospitals, preventative services and specialist services such as palliative care and memory clinics), social care (e.g. domiciliary services, respite care), retail (e.g. post offices), leisure and transport services on poor outcomes are often overlooked (Burholt and Dobbs, 2012).

The depletion of services due to shortages of staff and the closure of rural hospitals has led to a concentration of facilities in urban or rural-service centres. The lack of local care home provision in rural areas has meant that many older people have to leave familiar local communities to receive such services (Rural Development Sub-Committee, 2008). Many rural inhabitants have to travel to access remote services and driving is a 'key mobility practice for maintaining accessibility' (Parkhurst et al., 2014, 150). However, this can be problematic for those without the use of a private automobile or who have limited economic resources or mobility restrictions. Difficulties accessing distant health services, compounded by a lack of affordable and accessible transport in rural areas can deter health care utilisation and may result in delays in diagnosis and treatment (Wood, 2004). While older people living in countries with developed health and social care systems expect to be able to access the same quantity and quality of services regardless of the area in which they live, families or the voluntary sector often have to step in to provide support when services do not meet local needs in rural areas (Walsh et al., 2014).

Service design is frequently urban-centric, with policymakers often assuming that services are similarly appropriate in both rural and urban areas. However, there are substantial differences between geographic locations that influence service delivery. For example, the cost of delivery of care services in rural areas is often higher than in urban areas due to the greater distances that staff have to travel and increased overheads incurred in small rural service centres compared to those in urban areas. Often research in this field seeks to find ways in which the costs associated with delivery could be reduced (Burholt and Dobbs, 2012) and fewer studies focus on improving the quality of the experiences of older people. Without adequate rural representation of older people (especially those reliant on health and social care services), the voice of rural citizens continues to be constrained in relation to having a valid role in service design and choice (see also, Farmer et al., 2012).

Finally, the type of rural area also influences inequality across resources, recognition and representation. Overall, we observed that participants living in the most remote and deprived areas (Area A) had fewer material resources, greater levels of poverty, lower levels of social participation and resources, lower levels of civic participation, and trust in local official, but more local concerns than those in Area C (affluent and accessible). Participants living in Area B were more similar to those living in Area A than C experiencing greater levels of poverty, lower levels of social participation and resources and had greater level of local concerns than participants in Area C. What is particularly interesting about our results are that they do not support mythologising the rural idyll. Rural and remote areas (A & B) are less supportive and connected, and thus mis-recognised in popular, media and policy conceptions of the countryside.

The representation of the rural idyll – the pastoral myth of Western literature in which rural life is portrayed as bucolic and virtuous – has been reproduced in European literature and transported globally. Further to the media representations of rural living, policy discourse also reinforces the notion of rural supportiveness, suggesting that citizens within rural communities are resourceful, self-sufficient and interdependent (Woods and Goodwin, 2003). Thus, rural areas are encouraged to take responsibility for governance and tackling problems locally. However, this approach is in danger of glossing over issues of social justice in distribution of health and social care support, as some rural communities could be described as impoverished care environments and perhaps are least equipped, to meet a such agendas.

It is perhaps unsurprising that older people living in rural communities with varying abilities to live up to the ‘self-help’ stereotype portrayed and sanctioned in rural policy are under-represented in ways that afford them political authority (low civic participation, lower levels of trust and more local concerns). Unless the perspectives of rural older people are aligned with policy agendas, then it is likely that the future sustainability of health and social care policy in rural areas will be jeopardised. Policymaking needs to take a citizen-centred approach to give a voice to older people living in rural areas to shape recommendations for future health and social policy and services. As Fraser (2000) notes, institutionalised patterns of cultural value that simplify group identity,

deny recognition and constitute others as inferior or ‘simply invisible’ and as such the status of older people living in more remote and deprived rural areas of the countryside are subordinated.

Participants living in Area C are the most advantaged, in terms of resources, recognition and representation. Frost and Laing (2014) have argued that many well-connected small rural towns on the periphery of urban conurbations have been rebranded as ‘villages’. While the rebranding may encourage employment and other economic benefits (such as leisure facilities, cafés and boutique accommodation), it also has social implications relating to rural identity, population displacement and authenticity of the rural experience. Average levels of ‘affluence’ may mask deprivation among non-migrant (indigenous) older people.

While the new rural ‘village’ may represent a refuge from modernity and appears to embody the ‘good life’ in terms of resources, representation and recognition, it is important to acknowledge that there are significant differences and inequalities between and within rural areas. While a new wave of British films are portraying social-realist dramas of bleak rural lives in the countryside, they are still rare. Similarly, there is little systematic academic evidence of how features of rural communities might structure rural life.

Our analyses have indicated that the normative expectations about rural living are, or are not achieved by subgroups with different modes of power relating to age, gender, marital status, health, class and in diverse rural settlement types. Unfortunately, the quantitative data do not permit exploration of intersectionality between sexual identity and/or ethnicity with resources, recognition and representation. Subsequently we need more research in rural areas that recognises diversity among older people, the intersectionality of the factors identified above and their relationship to resources/status/power in the countryside. The acronym PROGRESS has been used to highlight sampling of socially stratifying factors that drive variations in health outcomes that can similarly be applied to inequalities in resources, representation and recognition. PROGRESS refers to place of residence (e.g. types of rural area), race/ethnicity/culture/language, occupation, gender/sex, religion, education, socio-economic status and social capital (O’Neill et al., 2014). We would argue marital status should constitute a crucial element of social capital that should be explicitly studied in relation to social inequalities for older people in rural areas. Following Fraser’s (2000) arguments, the redistribution of resources will only be achieved through a more nuanced portrayal and understanding of intersectionality in older people’s lives in rural areas.

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